

SERFF Tracking Number:	PHYS-127624886	State:	Arkansas
Filing Company:	Physicians Mutual Insurance Company	State Tracking Number:	49856
Company Tracking Number:			
TOI:	H10G Group Health - Dental	Sub-TOI:	H10G.000 Health - Dental
Product Name:	Dental Enhancements		
Project Name/Number:	/		

Filing at a Glance

Company: Physicians Mutual Insurance Company

Product Name: Dental Enhancements

SERFF Tr Num: PHYS-127624886 State: Arkansas

TOI: H10G Group Health - Dental

SERFF Status: Closed-Approved-
Closed

Sub-TOI: H10G.000 Health - Dental

Co Tr Num:

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor

Author: Richie Hinman

Disposition Date: 10/04/2011

Date Submitted: 09/22/2011

Disposition Status: Approved-
Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Large

Group Market Type: Discretionary, Trust

Overall Rate Impact:

Filing Status Changed: 10/04/2011

State Status Changed: 10/04/2011

Deemer Date:

Created By: Richie Hinman

Submitted By: Richie Hinman

Corresponding Filing Tracking Number:

Filing Description:

RE: Physicians Mutual Insurance Company - NAIC 80578, FEIN 47-0270450

Individual/Group Health - Dental

Group Policy Form M250

A previous filing with your state, PHYS-126906135, introduced a discount for customers who pay via Automatic Bank Withdrawal (ABW). The purpose of this filing is to revise rates for the Husband/Wife and All Family plans to ensure that ABW rates for all plans are consistent with each other. The ABW rate for a Husband/Wife plan should be no greater than twice the ABW rate for an Individual plan. Likewise, the ABW rate for an All Family plan should be no greater than the sum of the ABW rates for an Individual plan and a One Parent plan. To meet these conditions, the rates for

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Husband/Wife and All Family plans have been reduced by 2.5% on the attached rate sheet.

Upon implementation of this change, rates for all existing and new Husband/Wife and All Family business will change to reflect the rates shown in the attached rate sheet. Please replace the previously-approved sheet with the one submitted with this filing.

If you have any questions please do not hesitate to contact me via SERFF, or at the e-mail address or phone numbers shown below.

Sincerely,

Richie Hinman, FLMI
Rating Supervisor
Voice: (402) 633-5782
Fax: (402) 633-1096
E-mail: richie.hinman@physiciansmutual.com

Company and Contact

Filing Contact Information

Richie Hinman, Re-Rating Supervisor	richie.hinman@physiciansmutual.com
2600 Dodge Street	402-633-5782 [Phone]
Omaha, NE 68131	402-633-1096 [FAX]

Filing Company Information

Physicians Mutual Insurance Company	CoCode: 80578	State of Domicile: Nebraska
2600 Dodge Street	Group Code: 367	Company Type:
Omaha, NE 68131	Group Name:	State ID Number:
(402) 633-1188 ext. [Phone]	FEIN Number: 47-0270450	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Physicians Mutual Insurance Company	\$50.00	09/22/2011	52014010

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	10/04/2011	10/04/2011

<i>SERFF Tracking Number:</i>	<i>PHYS-127624886</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Physicians Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>49856</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H10G Group Health - Dental</i>	<i>Sub-TOI:</i>	<i>H10G.000 Health - Dental</i>
<i>Product Name:</i>	<i>Dental Enhancements</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Disposition

Disposition Date: 10/04/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>PHYS-127624886</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	/		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Rate	Rate Schedules	Approved-Closed	Yes

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Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action: Action:*	Rate Action Information:	Attachments
Approved-Closed 10/04/2011	Rate Schedules	M250	Revised	Previous State Filing Number: Percent Rate Change Request:	M250rates_v3.pdf

PHYSICIANS MUTUAL INSURANCE COMPANY

2600 Dodge Street, Omaha, Nebraska 68131

TABLE OF RATES Group Policy Form M250 Attained Age Rates

Monthly

	Age 50 & over				Under age 50			
<u>Schedule</u>	<u>Individual</u>	<u>Husband/ Wife</u>	<u>One Parent</u>	<u>All Family</u>	<u>Individual</u>	<u>Husband/ Wife</u>	<u>One Parent</u>	<u>All Family</u>
A	24.15	47.10	46.30	68.70	18.95	36.85	42.90	60.30
B	29.20	56.95	56.55	83.60	22.70	44.25	52.50	73.30
C	29.90	58.30	57.10	84.85	22.80	44.45	52.15	73.10
D	31.85	62.10	61.35	90.85	24.95	48.65	57.15	80.05
E	40.80	79.55	78.90	116.70	31.15	60.75	72.30	100.85
F	30.80	60.05	59.20	87.75	23.50	45.85	54.15	75.70

To obtain Automatic Bank Withdrawal (ABW) rates, subtract \$1.00 from the Monthly rates quoted above.

Quarterly

	Age 50 & over				Under age 50			
<u>Schedule</u>	<u>Individual</u>	<u>Husband/ Wife</u>	<u>One Parent</u>	<u>All Family</u>	<u>Individual</u>	<u>Husband/ Wife</u>	<u>One Parent</u>	<u>All Family</u>
A	71.40	139.25	136.85	203.08	56.00	108.90	126.80	178.22
B	86.30	168.30	167.15	247.10	67.10	130.80	155.15	216.63
C	88.35	172.25	168.75	250.75	67.40	131.40	154.15	216.08
D	94.15	183.55	181.35	268.55	73.75	143.80	168.90	236.59
E	120.60	235.15	233.20	344.93	92.05	179.50	213.70	298.07
F	91.05	177.50	175.00	259.40	69.45	135.50	160.05	223.74

Premium rates shown above are on an attained age basis (rates will change when the primary insured turns age 50).

PHYSICIANS MUTUAL INSURANCE COMPANY

2600 Dodge Street, Omaha, Nebraska 68131

TABLE OF RATES Group Policy Form M250 Attained Age Rates

Semi-Annual

	Age 50 & over				Under age 50			
<u>Schedule</u>	<u>Individual</u>	<u>Husband/ Wife</u>	<u>One Parent</u>	<u>All Family</u>	<u>Individual</u>	<u>Husband/ Wife</u>	<u>One Parent</u>	<u>All Family</u>
A	140.70	274.40	269.70	400.21	110.40	214.70	249.90	351.27
B	170.10	331.75	329.40	486.98	132.25	257.80	305.85	427.03
C	174.15	339.55	332.60	494.23	132.80	258.90	303.80	425.82
D	185.55	361.80	357.40	529.26	145.35	283.40	332.90	466.31
E	237.65	463.35	459.60	679.78	181.45	353.85	421.15	587.45
F	179.40	349.75	344.85	511.14	136.90	267.10	315.45	440.99

Annual

	Age 50 & over				Under age 50			
<u>Schedule</u>	<u>Individual</u>	<u>Husband/ Wife</u>	<u>One Parent</u>	<u>All Family</u>	<u>Individual</u>	<u>Husband/ Wife</u>	<u>One Parent</u>	<u>All Family</u>
A	276.00	538.30	529.15	785.15	216.55	421.10	490.30	689.14
B	333.70	650.85	646.30	955.43	259.45	505.75	600.00	837.74
C	341.70	666.25	652.55	969.68	260.55	507.95	596.00	835.41
D	364.00	709.70	701.14	1,038.28	285.15	556.00	653.15	914.87
E	466.30	909.15	901.70	1,333.71	356.00	694.30	826.30	1,152.59
F	352.00	686.30	676.55	1,002.84	268.55	523.95	618.85	865.12

Premium rates shown above are on an attained age basis (rates will change when the primary insured turns age 50).

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Supporting Document Schedules

		Item Status:	Status
			Date:
Bypassed - Item:	Flesch Certification	Approved-Closed	10/04/2011
Bypass Reason:	Not applicable. This is a rate filing.		
Comments:			

		Item Status:	Status
			Date:
Bypassed - Item:	Application	Approved-Closed	10/04/2011
Bypass Reason:	Not applicable. This is a rate filing.		
Comments:			